

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		FEC IDENTIFICATION NUMBER ▼ C C00111278	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address PO Box 17164		Amount 1028.98	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: E7F5093947B954633AA7	
Purpose of Expenditure S8MS00055 Printing(est. 540.00)		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 175181.27		2008	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8	
Mailing Address PO Box 17164		Amount 38.82	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: ED5A7777805AB43AA898	
Purpose of Expenditure H8OH07065 Print EST		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVE C AUSTRIA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 179687.27		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		1028.98	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Joseph Landrum Signature		Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 1	